

Easterling, Deborah

2014-189-T

Cert-9808

From: Bryan Feldman <Bryan.Feldman@twomen.com>
Sent: Tuesday, September 17, 2019 10:50 AM
To: PSC_Contact
Subject: [External] Request for Name Change on Certificate
Attachments: PSCSC Name Change Application 09.17.19.pdf

Please see attached Request for Name Change on Certificate.

Docket Form

Class E Amendment Form

Articles of Organization

Employer Identification Number

Tariff

Please let me know what else is needed to proceed.

Thanks,

BRYAN FELDMAN
TWO MEN AND A TRUCK®
107 Sandra Avenue
Greenville, SC 29611
Greenville, SC 864.329.1228
Spartanburg, SC 864.699.0777
bryan.feldman@twomen.com

RECEIVED

SEP 17 2019

PSC SC
CLERK'S OFFICE

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

FIRST CITY TRANSPORT, LLC

(Please type or print)

Submitted by: BRYAN FELDMANTelephone: 864-444-2769Address: 107 SANDRA AVEFax: 864-329-1092GREENVILLE, SC 29611

Other: _____

Email: bryan.feldman@twomen.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

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PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS E AMENDMENT FORM

Mail or Fax a copy of this form to:

Public Service Commission of South Carolina
Clerk's Office
101 Executive Center Dr., Ste 100
Columbia, S.C. 29210

PHONE (803) 896-5100
FAX (803) 896-5199

Need Assistance with completing the Form?

SC Office of Regulatory Staff
Transportation Department

PHONE: (803) 737-0800

DATE: 9-17-19

I have the following Certificate of Public Convenience and Necessity:

☒ Class E Household Goods # 9808 ☐ Class E Hazardous Waste # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: FIRST CITY TRANSPORT, LLC
(Current Name)

TWO MEN AND A TRUCK
(Current DBA, if Applicable)

To: NBF SAVANNAH, LLC
(New Name)

TWO MEN AND A TRUCK
(New DBA, if Applicable)

☐ Scope of Authority

(Current Scope)

(New Scope)

(NOTE: All requests for expanded scope of authority for household goods movers require the filing of a full application and a formal hearing before the Public Service Commission. Any request to expand beyond three contiguous counties requires additional justification and will require the presentation of a shipper witness(s) at the hearing before the PSC.)

☐ Tariff (change in rates, fuel surcharge, etc. Attach any appropriate documentation)

(Name)

(DBA if applicable)

(Street and/or Mailing Address)

(City, State, Zip Code)

(Signature)

(Title) Owner, President, etc.

(Telephone Number)

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ORS Revised 8-20-15

PSC SC
MAIL / DMS

Filing ID: 190711-1134344

Filing Date: 07/11/2019

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name")

NBF Savannah, LLC

Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
107 Sandra Avenue

(Street Address)

Greenville, South Carolina 29611

(City, State, Zip Code)

3. The initial agent for service of process is

Deana Sellars

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

135 S Main Street, Suite 701

(Street Address)

Greenville

South Carolina 29601

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Ashton Gottschall

(Name)

140 Stoneridge Drive, Suite 670

(Street Address)

Columbia, South Carolina 29210

(City, State, Zip Code)

NBF Savannah, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

NBF Savannah, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Ashton Gottschall

Signature of Organizer

Date: 07/11/2019

Signature of Organizer

Date: